## CORRECTIONS STANDARDS AUTHORITY CORRECTIONS PLANNING AND PROGRAMS DIVISION YOUTH CENTERS/YOUTH SHELTERS PROGRAM MONITORING REPORT

Project Name: Children's Shelter of Santa Clara Contract Number: CYA 91-254

|  | ency Name: Santa Clara County Department of cial Services   | Youth Center   Yout  | th She      | elter [             | $\leq$ |         |  |  |
|--|---|--|-------------|---------------------|--------|---------|--|--|
|  | cility Address: 4525 Union Ave.<br>n Jose, CA 95124   | Monitoring Term: 10 years ☐ 20 years ☐   |             |                     |        |         |  |  |
| Fac  | cility Phone: (408) 558-5440  | Date Monitoring Term   | Ends        | : 9/30/2            | 2016   |         |  |  |
| Dat  | te of Monitoring Visit: May 23, 2008  | Field Representative:  | Aaron       | ı Long              |        |         |  |  |
| Per  | rson(s) interviewed during the Monitoring Visit   | (Name, Title, Agency):   |             |                     |        |         |  |  |
| Doug Southard, Executive Director, Santa Clara County Children's Shelter |   |  |             |                     |        |         |  |  |
| fror<br>Cor<br>ope   | ef Project Description: The facility is the central remainshing to age 18 in Santa Clara County. The facility has been been been been been been been bee  | ty is owned and operated as six residence cottages, on, dining and recreation              | by the      | e Santa<br>n-site s | a Clai | ra<br>I |  |  |
| Α.   | SITE REVIEW   |  |             |                     |        |         |  |  |
|  |   |  |             |                     |        |         |  |  |
| 1.   | Is the facility being used as described in the cont   | ract?  | $\boxtimes$ | Yes                 |        | No      |  |  |
| 2.   | The facility has experienced a drop in population two residence cottages.  Is the facility in satisfactory condition and being residence.   | •  | $\boxtimes$ | Yes                 |        | No      |  |  |
|  | The facility is exceptionally well maintained.  |  |             |                     |        |         |  |  |
|  |   |  |             |                     |        |         |  |  |
| B.   | PROGRAM REVIEW  |  |             |                     |        |         |  |  |
|  |   |  |             |                     |        |         |  |  |
| 1.   | What types of programs/services does the facility activities.  School is provided on-site, but residents are also schools if they remain enrolled in their original scincoming residents are provided with mental hear counseling, medical screening, and an education Additional programming includes: art; computer I | transported to local<br>shool district. All<br>Ith assessment and<br>nal needs assessment. | า a sc      | hedule              | of     |         |  |  |
| 2.   | Are the programs/services provided by the facility contract?  | y consistent with the  |             | Yes                 |        | No      |  |  |

| 3.             | Have there been any sign   | ificant changes to programming?   | $\boxtimes$ | Yes |  | No |  |  |  |  |  |
|----------------|--|---|-------------|-----|--|----|--|--|--|--|--|
|                | A preschool was cancelled declined.  | d when the population of children age 2-6 years   |             |     |  |    |  |  |  |  |  |
| 4.             |  | established process for receiving and suggestions from the community?                     |             | Yes |  | No |  |  |  |  |  |
|                | The facility has a documented formal complaint process in addition to soliciting suggestions from residents and the community.         |   |             |     |  |    |  |  |  |  |  |
| 5.             | What is the average daily  | attendance?   |             |     |  |    |  |  |  |  |  |
|                | 20-30  |   |             |     |  |    |  |  |  |  |  |
| 6.             | What is the maximum capacity?  |   |             |     |  |    |  |  |  |  |  |
|                | 132  |   |             |     |  |    |  |  |  |  |  |
|                |  |   |             |     |  |    |  |  |  |  |  |
| <b>C.</b>      | C. MONITORING SUMMARY  |   |             |     |  |    |  |  |  |  |  |
|                |  |   |             |     |  |    |  |  |  |  |  |
| 1.             | Is the project in compliance   | e with the contract requirements?   | $\boxtimes$ | Yes |  | No |  |  |  |  |  |
|                | If no, is a Corrective Action Plan needed?   |   |             | Yes |  | No |  |  |  |  |  |
|                | ,  |   |             |     |  |    |  |  |  |  |  |
| 2.             | Does the project have any technical assistance needs?  |   |             | Yes |  | No |  |  |  |  |  |
|                |  |   |             |     |  |    |  |  |  |  |  |
| 3.             | General Comments/Observations  |   |             |     |  |    |  |  |  |  |  |
|                |  | all Community Care Licensing requirements.  |             |     |  |    |  |  |  |  |  |
|                | •  | to minor ratio that exceeds the minimum s experienced dramatic shifts in total population |             |     |  |    |  |  |  |  |  |
|                | due to changing demographics and economic conditions in Santa Clara County. The facility was extremely clean and very well maintained. |   |             |     |  |    |  |  |  |  |  |
|                | County. The facility was   | extremely clean and very well maintained.   |             |     |  |    |  |  |  |  |  |
|                |  |   |             |     |  |    |  |  |  |  |  |
|                |  |   |             |     |  |    |  |  |  |  |  |
|                |  |   |             |     |  |    |  |  |  |  |  |
| C64            | Field Penrocentative   |   |             |     |  |    |  |  |  |  |  |
| CSA            | Field Representative   | Aaron Long  |             |     |  |    |  |  |  |  |  |
|                |  |   |             |     |  |    |  |  |  |  |  |
| Reviewed by:   |  |   |             |     |  |    |  |  |  |  |  |
|                |  | Marlon Yarber, Deputy Director  |             |     |  |    |  |  |  |  |  |
|                |  | Corrections Planning and Programs Division  |             |     |  |    |  |  |  |  |  |
|                |  |   |             |     |  |    |  |  |  |  |  |
| Date Reviewed: |  |   |             |     |  |    |  |  |  |  |  |